

# San Joaquin County

## Children and Families Commission

### **Annual Report:**

### **State Fiscal Year**

### **2002-2003**

*In the event we have questions about the information contained in this county report, please give us the following information for your county contact:*

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## County Commission Narrative Form

Please note that your Evaluation Technical Assistance Coach can help you collect and prepare much of this information.

1. **County Priorities.** (Please try to limit your response to this question to **one page**.)
  - a. Describe the major issues and/or needs identified by your commission within your county. Your response may include the same information reported last year.

According to the results of our strategic planning process, the major needs within San Joaquin County are a lack of culturally and linguistically appropriate services of all kinds; significant barriers to accessing services, especially for non-English speakers; a severe shortage of subsidized child care; poor maternal and child health among African American families; low levels of parental literacy, associated with many children not being fully prepared to start school; a high proportion of low-performing schools and a fragmented system for delivering services to children and families. There is also a shortage of service providers for children and families in the rural parts of the county. The Commission also found that many service providers in the County were unfamiliar with evaluation and data management.

The Commission has allocated funds to focus on these needs. In order to be responsive to the most pressing needs, the Commission has identified the areas and populations with the highest needs. In identifying the highest needs, the Commission looked into three factors: (i) the size of the population affected; (ii) the relationship between unmet needs and resources; and (iii) the strategic opportunity for the Commission's funding to make the greatest impact. The Commission has identified the highest need areas as child care, child health, school readiness and parental educational attainment.

- b. Please describe the funding priorities your commission has focused on in the past fiscal year (July 1, 2002 - June 30, 2003) in the following areas:

- *Systems-level priorities* (e.g., changes in policies, legislation, service integration).

Increasing responsiveness and access in the services system for children and families in San Joaquin.

Increasing the school readiness of children in San Joaquin County through participation in the State Commission's School Readiness Initiative.

Addressing barriers to system integration and using Commission resources to promote change.

- *Program-level priorities* (e.g., specific initiatives or large programs that were funded and successfully implemented with target audiences). Please also describe any efforts aimed at specific groups within the community.

Increasing parental skills and knowledge in high need areas in San Joaquin.

Increasing the health of children in high need areas in San Joaquin County, and responding to other needs.

Increasing the supply and quality of child care in high need areas of San Joaquin County.

- *Commission-level priorities* (e.g., a new strategic plan adopted, civic engagement in commission planning efforts).

Building the strength of the Commission partners through a program of technical assistance and capacity building.

2. **Major Accomplishments.** Please list briefly (in no more than **two pages**) the major accomplishments of your County Commission in FY 2002-2003 in each of the following areas. Please **distinguish School Readiness Initiative** funded activities from other activities.

a. *Systems-level accomplishments* (e.g., changes in policies, legislation, service integration).

First 5 San Joaquin school readiness activities included incorporating the seven distinct proposals into a common countywide framework to measure the impact of school readiness activities on young children, their families and the schools their schools. Specifically, working with each project coordinator and district personnel SJ was able to streamline common outcomes and target indicators that reflect the unique resources and services provided at each school/district. In addition, SJ has identified a school readiness advisory group that provides countywide direction and allows San Joaquin to plan beyond the 11 target schools in preparation for providing school readiness activities to all children 0-5 years of age. These projects have oversight by school districts and two Community Based Organizations.

The Home Visitation Coordinating Council continues to be a means of bringing agencies together to promote coordination and systems change. Case conferring takes place on a monthly basis, as well as mini in-service trainings to help incentive agencies participate. In-service trainings have covered topics ranging from Section 8 housing, Child Support, use of play during a home visits, substance abuse issues, and the impact of domestic violence and sexual assault on children. Upcoming trainings will be on tobacco cessation and harm reduction strategies.

This year there has been ongoing focus on collaboration, coordination and integration. A very helpful exercise was using the continuum of services by Marquart and Konrad (1996) in defining those terms. This exercise was completed at a bi-monthly contractors meeting. Discussion on how to move from communication to collaboration (along the continuum) continues to be addressed.

Another means of service integration has been the close work with the Local Child Care Planning Council. First 5 updates are a standing agenda item at the monthly meeting.

- b. *Program-level accomplishments* (e.g., specific initiatives or large programs that were funded and successfully implemented with target audiences). Please also describe any efforts aimed at specific groups within the community.

School readiness activities included coordinating trainings, and program-sharing opportunities through routine school readiness contractor meetings. The meetings provided both a formal method to disseminate information and to gather input from all school readiness contractors as well as informal opportunities to identify common resources.

Projects included a home visitation project to an area with a low performing school, a literacy van outreach program to the underserved communities, a program enhancing services at a State Preschool for behavioral and mental health concerns, another program enhancing a state subsidized child care center(s) for health, mental health, dental and vision services and as well as a parental education component.

The Commission also funded 73 child care mini grants and 12 community wide grants. These projects ranged from enhancing child care programs to promote school readiness, a school readiness backpack program for licensed exempt child care providers, case management for parents 0-5 going through a domestic violence court program to funding a community center and parent playgroups for Hmong parents.

The Commission invested in a project on a data warehouse feasibility study in which factors were established for moving forward on this plan as a means of integrating services for the clients. Next steps are in the process of being planned and include a pilot project starting next year with an eligibility list for subsidized child care.

Two planning grants were funded looking at systems issues for specific areas: (1) access to prenatal care and (2) unintentional injuries. Results of the findings will be presented to the Commission in the new fiscal year.

- c. *Commission-level accomplishments* (e.g., a new strategic plan adopted, civic engagement in commission planning efforts).

The commission has agreed to employ a common countywide parent survey and child survey to explore the early learning activities in the homes of children 0-5 years of age as well as to survey the capacities of children as they enter kindergarten. San Joaquin has adopted the National Education Goals Panel definition of school readiness that surveys children on 5 dimensions of ready to learn. In this initial wave of school readiness data collection, the parent survey functions as a method to engage the local families in identifying the areas that school readiness programs will emphasize in the initial stages of program implementation. The common tool allows the county to review distinct districts and communities using a common assessment. Likewise, the child survey (Modified Desired Results Developmental Profile) allows us to gather a snapshot of the areas of early learning that require attention across all 4 participating school districts. Lastly, we have created a School Capacity Inventory to track the qualitative shift in how schools help transition young children into the new learning environment.

The Commission is committed to capacity building for the contractors and community. The Commission contracted with the Center for Health Training and based upon the results from a needs assessment, monthly trainings have been offered to the contractors on topics ranging from early brain development, post partum depression, supporting quality practice through supervision, best practices in outreach and retention, culturally responsive practice as well as individual technical assistance for the contractors. The Commission also contracted with

Mary Claire Heffron, PhD, who provided two trainings on building relationships with resistant clients.

During winter/spring of 2003, the Commission funded a project entitled, "Parent Feedback on Programs and Services for Children, Ages Prenatal to 5." A total of 841 parents and educators were involved, representing 1,262 children. There were 135 participants from 12 parent focus groups, 51 participants from two early childhood educator groups, 16 individual interviews, 15 surveys from State Preschool parents, 20 surveys from Hmong parents, 7 surveys from parents of preschool special needs children and 597 surveys from Head Start parents. Results of the projects are being incorporated into other current and future programs (including the need to teach contractors about marketing their programs, communicating to schools that flyers are one of the main resources for families and the need to fund a centralized staff training calendar that all agencies can utilize).

The Commission dedicated fiscal resources to sponsoring events that are aligned with its Strategic Plan. This has been a valuable resource as a means of promoting the work of the Commission as well as promoting important events in the community.

3. **Challenges.** Please describe briefly (in no more than **one page**) any challenges your County Commission faced in being able to implement programs and achieve goals in FY 2002-2003.

One of the challenges this year centered on a plan to release a \$10 million Child Care Initiative. Challenges arose because there was both a delay in the process as well as a decision by the review panel to only fund two proposals. Funds will be re released this next fiscal year with an increased focus on the initiative being community driven.

Another challenge that we encountered this fiscal year was an embezzlement case by one of our contractors (contacts to this agency totaled over \$900,000). The Commission has since approved another agency to take over these contracts beginning in the new fiscal year.

Coordinating the statewide evaluation with the local evaluation efforts was on the top of our agenda for most of the year. While the TA coach was extremely useful, we were challenged to find the right balance between the data collection and entry requirements associated with our use of OCERS, and the inclusion of new statewide indicators and client questions associated with the statewide data collection project. Many reporting requirements, previously negotiated with contractors, are under review because of the statewide evaluation.

4. **Plans for FY 2003-2004.** Please list briefly (in no more than **one page**) your County Commission's major plans for FY 2003-2004.  
Plans for the new year include an ongoing focus on systems integration and civic engagement. Various projects will be funded including a \$250,000 program with Family Resource Centers. This program will promote joint case conferencing, joint case management and will promote interdisciplinary team meetings. Another project includes the release of a Request for Qualifications for a project with Early Mental Health.

The Commission will also be exploring a joint project between parent education and child care, which will focus on having the community present their needs as well as strategies to address these needs to the Commission. This project will focus on high-need communities and will be

planned using a collaborative strength-based process. Also included in this project will be a CARES component, an accreditation project, the funding for a special needs coordinator and a potential scholarship program for ECE students desiring to obtain their Bachelors Degree. The new Healthy Kids Initiative is starting for the new year and will focus on outreach and the promotion of a seamless system of enrollment with Medi Cal, Healthy Families and Healthy Kids.

The need for coordination among programs promoting unintentional injuries began to be explored this past year and will continue into the new year. With this idea, a proposal will go to the Commission to fund a coordinator for this program in order to promote systems integration. In addition, a separate planning grant will be looking at the systems integration issue and ways to improve access to prenatal care and will determine a way in which the Commission may play a role in this crucial issue.

The Commission will be funding a matching grant in the amount of \$200,000 to a project for Children Exposed to Domestic Violence. San Joaquin County was one of two counties funded statewide for this project. The match funds will be used to enhance services for the 0-5 population, as well as to assist in promoting a model of collaboration throughout the State. Other planned activities include the ongoing focus on civic engagement, as well as training on funding and program sustainability.

The Commission will also be exploring ways of being involved with a new Child Welfare Redesign Project, as one of the focuses of this design is on acknowledging the bonding and attachment of children in the first few years of life with their primary caregivers.

In addition, both the scope and activities associated with the evaluation continue to grow along with the Commission. In FY 2003-2004, there will be full implementation of OCERS client data collection capacity, implementation of an evaluation of the School Readiness Initiative, as well as evaluation of the large mini grants in addition to the new funding initiatives. External evaluations of the Commission's capacity strengthening and systems integration work will also be completed at the local level.

5. **Status of Local Evaluation, Reporting, and Data Collection.** Please respond to the following questions (in no more than **three pages**). Feel free to attach local evaluation reports to augment your response.

- a. Have there been any major findings from your local evaluation efforts? We are especially interested in findings related to school readiness, universal preschool, early childhood development and educational experiences, universal health care, and early assessment and intervention.

Programs funded by the Commission served a diverse set of clients. Last year, each agency was asked to provide race/ethnicity information for the clients they served. The largest numbers served fall into the children 0-5 group, followed by parents and guardians. The total number of clients served during the last year was more than 18,000. The majority of clients served were Latino/Hispanic, followed by White/Caucasian.

**Increase the number of children who are ready for kindergarten:**

Programs whose outcome was to increase the number of children who are ready for kindergarten saw very promising results. Over time, children's scores on a standardized data collection tool showed that children were becoming more likely to be organized, attentive, cheerful and self confident, and thus, were more ready for kindergarten after participating in the intervention. Full implementation of the matched School Readiness programs, complete with a robust local evaluation design, should yield more results in subsequent years.

**Percent increase in improved parent-child interaction:**

Results from a standardized tool that measures parent child interactions both before and after an intervention showed that parents who participated in the intervention became more loving and nurturing and were using age appropriate discipline. In addition, parents were teaching and correcting appropriate behavior. Many contractors are beginning to focus on behavior change as their program outcomes, as knowledge gains are considered a short-term goal.

**Increase in time spent reading and telling stories to children:**

When parents were taught the importance of reading to their children, pre/post test results showed that parents reported increasing the number of days per week they read to their child, reporting telling more stories to their children and increased the number of minutes per day that they sang, recited rhythms and or played with their child. The Commission supports a mobile literacy program that provides books and mentoring for parents to high-need area including migrant camps in the County.

**Percent increase in environments that are safe and healthy for children:**

When nurse home visitors assessed the overall number of asthma triggers present in client's homes, children who received at least two home visits were living in a safer and healthier environment. Getting to a safer environment is a key component of preventing serious asthma episodes and often includes making structural changes to homes and apartments not owned by clients.

6. **Outreach to Historically Underserved Populations.** Please answer (in no more than **one** page) the following questions.

- a. What communities in your county have been historically underserved (e.g., specific ethnic or linguistic groups, families with children who have disabilities or other special needs, geographically isolated families)?

Communities that have been historically underserved in our county include the migrant population, the rural communities, the special needs community and the Southeast Asian community. Thirteen percent of all the clients served this year were Southeast Asian; for the most part these clients were served by agencies with long histories of positive results for families.

- b. What strategies has your County Commission used to reach each of the communities or groups mentioned above?

The Commission is currently funding Migrant Education to have a larger focus and more enhanced services to the migrant population. The School Readiness Program funds two schools that are currently run by the Migrant Education Program. These programs are also serving the rural communities.

The Commission is also funding a literacy van that has extended services into many rural neighborhoods that in the past have lacked many needed services. These neighborhoods are now coordinated with a health access van that provides comprehensive services.

There are two programs funded by the Commission that work with the special needs community: Easter Seals and United Cerebral Palsy. One program specifically provides mental health services to children that “fall through the cracks.” Both programs reported increases in the numbers of children who receive specialized services, including play and occupational therapy, in a timely manner.

There are four programs funded by the Commission that serve the Southeast Asian population. These programs focus on tobacco cessation and harm reduction, as well as child development services.

- c. How have these strategies resulted in greater access to and quality of services for these communities or groups?

By ensuring that these services are properly implemented and by keeping track of the numbers and types of clients served, we are working towards increasing access and quality of services for these historically underserved communities. Challenges always occur when working with historically underserved populations – if this was easy, they would not be underserved. However, creative collaborations and a willingness to take risks have been rewarded with some excellent outcomes for families.

- 7. **(Optional) Systems Change Support Activities.** Systems change support activities are complex and can range from bringing people from various agencies and backgrounds to the table, to changing policies and practices, to systematically looking at information across programs. Sometimes it is difficult to communicate to the public how making such changes can result in better services and outcomes for children and families. If your County Commission has an example of an effective systems change effort, please share your story here. Below are some questions to guide your narrative. (Please try to limit your response to **one page**.)

- a. What were you trying to change and why?
- b. Who was involved?
- c. What agreements, changes, or products resulted from this work?
- d. How, ultimately, are children and families better served because of these activities?

Building collaborative capacity and integrating systems were major cornerstones of First 5 San Joaquin’s work this year. In working to improve the system of service, the Commission is pursuing two broad strategies. The first is to strengthen the organizational capacity of individual service providers. The second is to work to improve system coordination and move to system integration where possible. The Commission believes that building a strong, stable, effective network of service organizations will strengthen families and help children prepare for school. The Commission also believes that improving



service provider's capacity by helping them integrate services will help to better serve the families in San Joaquin County.

First 5 San Joaquin is hoping to facilitate the development and implementation of a comprehensive, integrated system of early childhood development services for all children prenatal to 5 years of age. The Commission is determined to reinvest in children and families not just to provide needed services but to build a stronger system of services overall.

More specifically, the Commission is trying to integrate services and build capacity through a variety of different programs. First 5 San Joaquin has offered a variety of different capacity strengthening activities. Trainings were held on using the shared client database that will collect and management client-level data, workshops on best and promising practices in client services, one-on-one technical assistance, training on new evaluation methodologies and networking with other services providers. The Commission hired the Center for Health training to provide technical assistance to contractors. This assistance took the form of group and individual work with professional trainers and consultants. Major topics included: Early Brain Development, Postpartum Depression, Team Building, Supporting Quality through Supervision, Culturally responsive Practice, Home Visiting, and Best practice.

First 5 San Joaquin has two planning grants focusing on capacity building and systems integration. The Entry into Prenatal Care is reviewing promising practices and analyzing data. They also convened a day of experts in the field. The grant on Unintentional Injuries has been working with the Safe Kids Coalition to work on assessing needs. They are completing a matrix of services related to Unintentional Injuries in the County.

Other programs working on capacity building and systems integration are the Home Visitation Coordinating Council and the Data Warehouse Feasibility Study. The Home Visitation Coordinating Council continues to be a means of bringing agencies together to promote coordination and systems change. Case conferring takes place on a monthly basis, as well as mini in-service trainings to help incentive agencies to participate. The Commission invested in a project on a Data Warehouse Feasibility study in which factors were established for moving forward on this plan as a means of integrating services for the clients. Next steps are in the process of being planned and include a pilot project starting next year with subsidized child care.

As a result of our Systems Change work, some contractors do business differently now. How they deliver health services, not just the overall picture of health. One of the agencies we fund didn't have policies and procedures in place. The Commission worked with them to establish policies so they can deliver quality services for their clients. The Commission will continue its work on capacity building and systems integration. We are beginning to see changes and improvements in the way services are being provided for the children and families in San Joaquin County.

8. **Innovative and Promising Programs.** Please describe at least **three** new or continuing promising programs that your County Commission funded during FY 2002-2003. If your county is participating in the School Readiness Initiative, please make sure that at least one of the programs highlighted is part of that initiative. For each innovative and promising program, please provide a description that addresses each of the questions below. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. (Please try to limit each program description to **two pages**.)

## Vignette – United Cerebral Palsy

**a. What is the name of the program, and in which agency is it housed?**

Great Beginnings is offered by United Cerebral Palsy

**b. What identified need or issue does the program address?**

This program provides services to children who have marginally delayed development and do not qualify for other community programs. These children have missed the target range of standard developmental assessments by either a few points, or in some cases they can have up to a 40% delay. Additionally, these children may have received prior treatment and were unable to continue with those programs because of progression of their development. This program serves these children and their families.

**c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?**

Improved Child Development

**d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?**

Great Beginnings is designed for children 0-5 with developmental delays and those who are at-risk for developmental delays. The program offers direct services to those children, their families and providers. They educate the caregivers on the child's special needs and teach them how to care for and interact with the child. Their goal is to involve the caregivers in the developmental progress of these children. In addition they offer workshops and trainings in the areas of special needs and in-depth child development. These have been attended by parents of children in the category they serve, as well as by childcare providers. Some of the providers have children with special needs in their care; others do not currently but are willing to take them.

**e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?**

Great Beginnings brings together all developmental domains ensuring the child's treatment extends beyond a scheduled visit. The program involves parents and teachers by educating them on the child's needs and provides training on how to address those needs. Through home visitations, early interventionists, occupational therapists (OT) physical therapists (PT), and speech-language pathologists (SLP) serve as a model for parents. They take an interactive approach to teaching the parents how to interact with the child. Individual home visits are performed at different frequencies based on the child's needs. They can be anywhere from once a week or once every couple of months for varying periods of time. During the visit, the staff assesses the child's needs and develops an individualized plan. The

staff (OT/PT) will play with the child using a variety of activities, demonstrating these to the parent and including them in the play. This activity play has been helpful to build parent's confidence and comfort levels with knowing and including activities into their child's day that will help build their developmental skills. Additionally, parents are invited to workshops to interact with other parents of children with special needs and to learn more about their child's development. Programs are also offered to teachers so they can learn how to interact with the child in a classroom setting.

Other areas that are addressed by this program and this assessment are follow up of orthotics – ankle braces and specialized arch supports; and hearing screenings are also done via oto-acoustic emissions (tonal) tests. Prior to these tests the audiometrist does a training to teach families how to help their children listen.

Parents, teachers, occupational therapists, physical therapists, and speech language pathologists are considered to be integral in developmental success, which is why all Great Beginnings bring all domains together for a common goal.

**f. What specific outcomes does the program aim to achieve?**

Their program aims to bring the developmental skills of all children as close to their age appropriate level as possible. Realizing some children will continue to have difficulties, the aim is to get them to the agency that can provide them with the most help (if their problems are severe enough) and to get them to the highest level they can prior to their entrance into kindergarten. If it is anticipated they will still have difficulty, their parents have been educated in ways to assist and advocate for their child right from the start of school entrance. Otherwise, it could take a minimum of several months before a need is identified and a program is put in place. The outcome achieved is that children are more ready to learn, and their providers are knowledgeable in knowing their child's needs and ways they can work with their child to meet those needs.

**g. What activities or resources are offered through the program?**

They offer services through interactive home visits, developmental and specialty assessments (orthotics, sensory integration), oto-acoustic emission hearing screenings, and workshops. If the child's needs are such that they would qualify for services through Valley Mountain Regional Center or their local school district, they help the family get connected with those agencies.

**h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

The agency is staffed by 18 staff members equating to 4.5 FTE. The team is comprised of teachers, occupational therapists, physical therapists, speech language pathologists and an audiometrist. Besides being licensed in their areas of specialties, several staff members have additional certification, allowing them to broaden their skills. For instance, one teacher specializes in teaching deaf-blind and multi-handicapped. One OT is certified in sensory integration (SI) treatment and neurodevelopment treatment for pediatrics, and one PT has

almost completed her SI training. Moreover, all clinical staff continues training through CEU accreditation of 12-15 units per year in their field. The agency offers in house training of staff to help support continuing education and gain knowledge of other professional roles. The benefit is that they learn what other professionals do in their areas, allowing each staff to seek advice or refer to the appropriate staff to best meet the needs of the children and families they serve.

**i. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?**

This program is designed to catch the children who fall through the cracks, those whose developmental delays are not severe enough to qualify for other means of intervention. Other programs in the area offer visits with the families of children 0-3 with more than a 25% developmental delay, or services to children older than 3 when they have a 25% delay in 2 or more areas, or a 50% delay in one area. On the other hand, this program offers an interactive approach with children who have 25% or less developmental delay (or 50% or less in one area if they are over 3). Services are provided inside the family's home where the environment is most conducive to encouraging direct interaction and building confidence in families. While many programs act as consultants and never really work directly with the children (engaging them and their parents/caregivers in activities), their program provides direct, hands on activities – putting the ideas presented into action.

**j. What types of positive impacts has the program had on children and families?**

Some of the most positive impacts are: the parents are empowered by learning ways to help their children's development progress, children make progress in their development, some needing no further special services; and families learn that other families face the same issues and that they are not alone. Experiences gained from workshops are encouraging parents to reach out for help and to use resources this program introduces to them. Parents comment positively that through services received through Great Beginnings they have gained a level of confidence in knowing ways they can help their children. Additionally, through a referral to a secondary service, one staff member helped a child receive hearing aids after observing that they were having difficulty with hearing. No one had suspected a hearing loss for this child. The family was connected to their audiometrist for a hearing screening, and after failing that screening, the family was referred to an outside source where it was discovered the child, did indeed have a serious hearing loss. As a result of the intervention by the staff, the child was able to receive hearing aids and continue to progress in treatments.

**k. How were these impacts measured or documented?**

Great Beginnings uses developmental assessments at the initial visit, at six months, and/or discharge to measure the impact of developmental progression. In addition, parent surveys assist in determining the benefits families receive from the services. Parents are asked to answer a series of questions that utilize a rating scale from 1-5. One question is "Did ideas presented help you in any way?" The answer is usually rated high. Additionally, follow-up calls to the families who children failed the hearing screenings are conducted to make sure parents have no problems getting the visits to the referral source (either California Children's Service or a medical professional. The most accurate method used to determine the impact

of the program is observation. To see a client who did not function to their fullest capacity gain the aptitude to perform at or as close to age appropriate levels as possible is the greatest measure of success.

**l. (Optional) Is the program research based? What was the rationale for the program's design?**

The program was designed because there was an apparent need to serve children who had slight developmental delays. Many parents in this area called United Cerebral Palsy to inquire of these services. As a response to many frustrated parents, Great Beginnings was developed to provide assistance to these children who did not qualify for other programs.

**Vignette – French Camp**

**a. What is the name of the program, and in which agency is it housed?**

Helping Everyone Arrive Ready to Succeed (*HEARTS*) is a program offered by the French Camp Elementary School in the Manteca Unified School District.

**b. What identified need or issue does the program address?**

Because French Camp's population is highly transient, the school district designed a second flexible academic schedule allowing these children to receive an education that follows the migrant families' work schedules. The Hispanic migrant workers often have limited educational backgrounds and have a lack of educational resources available to them. The HEARTS program plans its services to meet the need for flexible academic schedules to ensure all children will be educated despite the transitory nature of their families.

Track 1 is a traditional academic term that begins its classes in August and ends in May. Track 2 is a dual language academy that follows the work schedule of migrant families. Additionally, this track also targets English-speaking families who want their children to learn how to speak the Spanish language.

French Camp Elementary School has the lowest API scores in the district and was the only school eligible to apply for the School Readiness grant. French Camp's geography is mainly rural with broad boundaries that include Stockton, Manteca, and French Camp addresses. It is not uncommon to see approximately a third of the children drop from an individual classroom in one school year. Additionally, approximately 60-70% of families qualify for free and/or reduced lunch, demonstrating the number of low-income families in the area.

**c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?**

EARLY CARE AND EDUCATION is a major focus area. Additional areas of emphasis are parenting and family support, health and social services, and school capacity building.

**d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?**

Their services are designed for all children ages 0-5 and their families. They offer a wide range of programs that provide services for very young ages and support the child and family until entry to kindergarten. Services range from a home based program for families of children ages 0 -3 to site based programs such as Head Start and the parent cooperative preschool. The Baby Alert program targets pregnant mothers and families with toddlers to provide baby kits and other resources such as health insurance. Their cooperative preschool program focuses on children ages 3 and 4, assisting in building the foundation to learn as well as being a parent education program. The Head Start program reaches out to children 4 years of age to ensure they are ready to begin kindergarten at age 5.

**e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?**

Their services are offered to a highly diverse population that differs in work schedules, languages and needs. All printed materials are provided in both Spanish and English. Translators are present at all community events so that every parent can actively participate and understand. All staff on the Dual Language Academy track are bilingual. The home based educators are all bilingual as well as the Head Start staff. All but one of the kindergarten teachers are bilingual.

This past year their program ran two summer camps reaching out to 45 pre-kindergarten children. The staff included all five kindergarten teachers, two Head Start teachers, and two migrant education teachers from the migrant camp day school program. Together they planned the curriculum and worked in teams to teach the summer sessions.

**f. What specific outcomes does the program aim to achieve?**

Everyone is ready to succeed before beginning school at age 5, the children, the families, as well as the school being ready for them.

**g. What activities or resources are offered through the program?**

Their school is in the process of developing a family resource center with a family resource library. They offer special family workshops in parent education, early literacy, and other topics of concern to the families. The HEARTS program started by developing a database of families with children ages 0 to five. Family surveys were sent out to all families on the database. A HEARTS support team was activated to help plan a comprehensive program. That team included their preschool staff, kindergarten staff, and administrators. This year, their program will invite 16 families who volunteered via the family survey to participate in our planning and resource group. The families want the school readiness program to truly reflect the needs of their community.

Another emphasis of the HEARTS program is articulation between preschool and kindergarten teachers who will need to make the connection between preschool activities and kindergarten. Additionally, their program distributes a handout for parents which defines, in a reader friendly way, the preschool and kindergarten standards for the State of California. Parents will be able to understand what they need to learn before and during kindergarten.

- h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

Their program has a team of 14 people, consisting of the coordinator, the home based parent educators, pre-kindergarten and kindergarten teachers, a school nurse, a custodian, a van driver, and a secretary/community liaison, as well as a very involved and supportive principal.

Many of the teachers are bilingual; one kindergarten teacher has a Masters Degree in early child development and is a reading specialist. Another teacher has a degree in music; she provides musical activities and music education for the preschool. The principal holds a degree in early childhood, and the Program Coordinator earned a Master's Degree in reading, administration and early child education.

- i. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?**

They offer home based and site based programs focusing on early child development and family support. They focus on getting parents involved with the school and literacy skills of their children. Parent participation is instrumental in staffing the preschool. Parents volunteer five hours per week and are also invited to participate in PACT time (Parent and Child Together). During this time, parents are shown activities that can be duplicated at home. Additionally, their program offers at home literacy "parties" where their specialist selects books and develops reading activities that focus on helping families read more to and with their children. The teaming of preschool and kindergarten teachers is an innovative approach to planning curricula and teaching the importance of each person's role in child development. Most importantly, a van service is offered to those children and families with no means of transportation.

- j. What types of positive impacts has the program had on children and families?**

This past year, the HEARTS program provided services to 70 out of 84 families with pre-kindergartners. Their services have improved literacy skills, connected families to resources and educated children of migrant workers. There has been an increase in calls of families requesting services due to their visibility in the community. The early enrollment of kindergartners has increased. The Baby Alert program linked 7 out of 20 pregnant mothers to other resources for their families. Although it is too early to see significant impacts, they are encouraged by the results thus far.

**k. How were these impacts measured or documented?**

Parent surveys, sign in sheets and meeting summaries are used to document the above mentioned impacts. Additionally, they encourage feedback comments on free educational materials that have proven to be well received among parents. Responses on parent surveys are generally marked of extreme satisfaction with teachers who act as role models for parents.

**l. (Optional) Is the program research based? What was the rationale for the program's design?**

Early child development and cognitive skills assessments are research based. They continue to search for best practices in all that they do. The center utilizes research for a program design. The program provides cutting edge training while honoring state requirements.

The major motivation for their program was the overwhelming need for family resources and early child education. Their program is the only school readiness program in this area that families can turn to for help. They are the first elementary school in Manteca Unified to provide home based and preschool education.

**Vignette –Easter Seals Superior California**

**a. What is the name of the program, and in which agency is it housed?**

The Special Family Support Program is housed at Easter Seals Superior California.

**b. What identified need or issue does the program address?**

The program is designed for families in San Joaquin County who have a child under the age of five years with a disability or is high-risk for a disability.

**c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?**

The program's main focus is to improve child health. The program also touches in each one of the other areas listed above.

**d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?**

The program provides mental health counseling, parenting services, and referrals to children 0-5 and their parents.

**e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages,**



**having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?**

Their program focuses on families who have a child with a disability. They strive to offer specialized services by creating working relationships with area agencies and have staff who are trained in working with this population.

**f. What specific outcomes does the program aim to achieve?**

Specifically, they are attempting to make parents more self-sufficient and better advocates for their children. They educate them on the programs available and then assist them in following-through to get services from those agencies.

**g. What activities or resources are offered through the program?**

This program currently offers parents home visiting services, referrals to area agencies, assistance in filling out applications, staff accompaniment to various appointments, and mental health counseling. In the next year, they will purchase a parenting curriculum that will be used during home visits that is designed for families who have a disabled child. They are also going to offer a support group for families one-time per month where families can get together, learn about area agencies and their services and network with other families.

**h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

There are currently two members on the staff and one position that will be filled. There is a Family Support Specialist/Program Manager who will have a caseload and provide services as well as managing the program. The position which is not yet filled is a full-time Family Support Specialist who will also have a caseload. The Disability Specialist is a part-time position. This person provides presentations to area agencies on the program and does outreach for the program. This person also facilitates the group meeting. The manager has case management experience and has gone through training in supervision by Easter Seals. The Disability Specialist has a background in disability services.

**i. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?**

Through perseverance, their program overcame the resistance of other agencies to build a collaboration to provide counseling for children and their families. They aimed to build a network of programs to help families become self-sufficient. At the inception of the program, many area service agencies were reluctant to refer families to our support services. San Joaquin County lacked family support centers that would aid families in obtaining necessary services. However, the original Family Support Specialist involved with the early phases of the program continued to build working relationships with local agencies as well as advertise directly to families. Through early determination and creativity, the program is well-known throughout the community.

**j. What types of positive impacts has the program had on children and families?**

The program has had many positive impacts on children and families. First, families have become more aware of services that are available to them. Second, their services helped parents to become better advocates for their children. They have learned their rights and the importance of active participation in any meeting regarding their child. Next, they have offered mental health counseling in the homes of the clients, which has benefited the entire family. Lastly, they (the parents) have been able to spread the word; parents who are pleased with the services that they received are talking to people and suggesting that they call for services as well.

**k. How were these impacts measured or documented?**

They use an evaluation tool called the Modified Life Skills Progression Tool. This tool was originally designed as a tool for a teen pregnancy program in Monterey, California. The evaluation team assisted them in modifying this tool to better evaluate their population. This tool is used on each family. They do initial, closing and quarterly assessments. They also monitor the size of the caseload and where the referrals come from to better target their outreach.

**Vignette – Stockton Unified School District**

**a. What is the name of the program, and in which agency is it housed?**

Early Care and Intervention Project offered through the Stockton Unified School District, Child Development Department.

**b. What identified need or issue does the program address?**

The program addresses both socially isolated and aggressive behavioral concerns that are observed by teachers and/or parents of preschool children and/or infant/toddlers.

**c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?**

Primarily, the program focuses on improved child development. However, the program design addresses all four result areas.

**d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?**

The program is designed primarily to target the 950 pre-kindergarten children in the Stockton Unified School District State Preschool program. They also offer 3 infant toddler programs for teen parents in which their programs serve about 40 infants and toddlers. ECIS intends to provide direct services to about 70 children ages 1-5.

- e. **If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?**

Through the Early Care and Intervention Program, teachers and parents gain knowledge of classroom structure that addresses age appropriate behavior as well as strategies for working with at-risk individual children. Teachers are also offered one-on-one training with counselors to better understand what they can do to help the family, if the identifying need is present. Social Services and behavior therapy are offered as part of the intervention, with counseling integrating into a play therapy program (consisting of dose therapy and play) on an as needed basis. Additionally, Parent Awareness meetings are organized by our coordinator to bring together teachers and parents to address child development well-being.

- f. **What specific outcomes does the program aim to achieve?**

Improve overall mental health and behavior and to provide resources to families who are experiencing behavioral problems with their children. The goal of the program is to prepare children both socially and cognitively to successfully enter kindergarten.

- g. **What activities or resources are offered through the program?**

Our program offers mental health and behavioral health intervention through home visitation and classroom site visits. The program staffs 10 psychology interns and two social service assistants who visit the home and classrooms to observe social behaviors of children. Interns observe the child in these environments to identify non-compliance, signs of aggression as well track the behavior and trigger points of these children. Based on the analysis, the visitors convene a meeting with the parent, social worker, and teacher to work on strategies to address behavior. A behavior plan is developed based on the results of the analysis. Should the child need services through Special Education, a referral is completed. The child would then be assessed by the District Preschool Psychologist and/or Speech and Language Therapist to determine eligibility for services. If warranted, a meeting is convened to develop an Individualized Education Plan (IEP). The IEP serves as a legal agreement between the parent, teacher, and administrator, outlining the actions to promote classroom success. An IEP could include actions such as the accommodations during testing and physical issues. Referrals to other resources such as housing, food, safety issues, and domestic violence are provided to families in need. The program addresses all issues that may contribute to the child's behavioral concerns.

- h. **How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

Their program employs approximately 15 paraprofessionals who are bilingual and demonstrate various areas of expertise. Through collaboration with University of the Pacific (UOP), their program is staffed by 10 psychology interns. Utilizing interns has proven to be a success for both UOP and their program. The interns exhibit high level of compassion and determination with their clients while expanding their knowledge of the community and child

development. Additionally, the program staffs two social service assistants who have earned Bachelors' of Art degrees, one typist clerk, and one health clerk. One of their Social Service Assistants has a Child Development Associates degree and was formerly employed by the Federal Head Start program. She served as a teacher and possesses a Children's Center Permit with State of California. Their second Social Service Assistant worked as social worker through Human Services Agency conducting home visits for a case load of approximately 80 families. Both Social Service Assistants are directly supervised by a Social Worker with an MSW who previously worked for Child Protective Services. The overall program manager is the Administrator of Child Development. She has a Bachelor's degree in Psychology and Child Development, a Master's degree in Counseling and Guidance, a Multiple Subject teaching Credential and an Administrative Credential.

The preschool program in their district employs 42 preschool assistants and 42 preschool teachers. In addition, they have three infant/toddler teachers and five infant/toddler assistants. All teachers have the required Children's Center Permit. Under the No Child Left Behind Act as well as Department of Education requirements, teacher assistants are working towards obtaining permits.

**i. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?**

The program is designed to target pre-kindergarten children, primarily four year olds and infant/toddlers who are in state preschools and infant care sites. Benefiting on a need for the University of Pacific to place psychology interns into community positions, the UOP and our program developed a unique collaboration that has afforded an opportunity to incorporate cutting edge interventions into the program. Uniquely, the program focuses on change in family. Rather than placing a behavioral label on children, staff focus on what changes need to occur in order to improve behavior. Staff also help families to overcome the stigma of counseling by visiting the homes where parents are more willing to participate in counseling and therapy. Their intervention also involves school counselors. The approach is to inform the schools of both the behavior and the intervention to provide support for the child and family.

**j. What types of positive impacts has the program had on children and families?**

The most positive impact is direct observation of improved children behavior. In particular, one client whom they served demonstrated a severe case of social aggression that was preventing the development of peer relations. Parents and teachers repeatedly requested the removal of the child from the preschool class. This 4-year girl was raised by her 66-year old grandmother as her mother died when she was very young. The grandmother did not observe these behavioral patterns in the home as she was strict with the child's upbringing. The girl did not know how to interact with children. Instead of removal from preschool, the program decided to work with the child by developing a plan to improve her behavior and to slowly integrate the child back into the classroom environment. The plan was to shorten the school day by ½ hour as it was determined that the day was too long. Her grandmother was receptive to the intervention; however, the teachers and other parents did not agree. By the end of the school year, the plan was fully implemented. The end result was the child was

integrated into the full day of school and able to develop peer relationships. Calls from parents and teachers ceased.

Other positive impacts include offering ongoing support to families that will ensure their children. During the summer months, this program offers classes on toilet training children at home since most programs will not accept children unless toilet trained.

**k. How were these impacts measured or documented?**

Impacts are measured through pre- and post-assessments, as well as graphs and charts that are maintained by interns. Case notes are kept on all contacts made with child and family. Developmental profiles are conducted as well as follow up assessments to monitor whether the child is maintaining age appropriate behavior. Parent tests are also given at the end of the school year. The goal is to see an increase in cognitive skills and behavior. While it is important to have written documentation on impact, the direct observation of child-peer and parent-child is more telling of our program's success.

**l. (Optional) Is the program research based? What was the rationale for the program's design?**

The program design is research based. When originally developed, research was conducted on School Readiness components. It was stated that experiences during preschool years lead to a better chance later. Documentation with a tangible base was difficult to find. The lack of resources has prevented some schools from offering an intervention.

9. *(Optional)* **Child/Family/Provider Vignettes.** Stories of how programs and systems affect specific children and families can be powerful tools for demonstrating the effectiveness and importance of funding such activities. Please use the questions below to guide your description about a child, family, or provider who has benefited from one of your County Commission's funded programs. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. Feel free to include as many vignettes as you would like.

**The HUGS Program at Wagner-Holt Elementary School**

**a. What type of participant(s) are you describing (e.g. child, family, child care provider)? Please give the ages of the children involved.**

A family of four with a father (age 34), mother (age 28), and two sons (ages 3 and 4).

**b. What are the demographic characteristics of the participant(s) (e.g., gender, ethnicity, age, primary language, disabilities and other special needs)?**

This is a Hispanic family where the father speaks primarily Spanish, and the mother and two sons speak both Spanish and English. At the time the family enrolled in the HUGS (Helping Us Grow Successfully) Program, the mother was four months pregnant. She was commuting

to the Bay Area for her job, and the father was unemployed. There was a noticeable speech problem with the three-year-old.

**c. Describe the factors that contributed to the child's or family's participation in your program. What needs were addressed?**

The family had recently relocated to Stockton from the Bay Area so they were unfamiliar with any of the services in the area. The mother came to Wagner-Holt Elementary School to enroll the four-year-old into kindergarten. She also was inquiring about preschool opportunities for her sons because she was not satisfied with the educational aspect of the child care she was currently using.

**d. Which services or activities did the participant(s) receive?**

The HUGS Program is a school readiness program for children ages 0-5 that uses an integrated system of early childhood development services to prepare children for school. Participation in the program is voluntary and open to all families in the Wagner-Holt and Creekside Elementary School attendance area. There is no income eligibility or cost involved.

They enrolled this family into the HUGS Program when the mother took a leave of absence from her job due to her pregnancy. The nurse made an assessment of the mother and the two sons. It was verified that the family had health coverage and that the mother was receiving prenatal care. The nurse had concerns about the three-year-old boy's speech, which she brought to the mother's attention. A formal assessment was done by the school's speech therapist, and he is currently receiving help.

The first activity that the mother and boys participated in was the Library Van that came to Wagner-Holt Elementary School. It was fun for all, and both boys received a free book to take home. Soon after, the HUGS Program opened a summer preschool camp, which the boys attended. They had excellent attendance. The mother helped in the classroom and attended four out of the five parent education meetings given by The HUGS Program. Currently, the family is a part of the PAT (Parents as Teachers) Program. This program, sponsored by the HUGS Program, offers in-home visits by parent educators who help parents become their children's first teachers.

**e. What positive outcomes resulted because of participation? (Please include whether outcomes are based on staff observations, evaluation measures, or participant comments. Please include quotes from participants or staff if available.)**

Since participation in the HUGS Program is not based upon income, they were able to help a family that did not qualify for other programs. Their income was too high for Head Start and State Preschool, but too low to afford a quality private preschool experience for the boys. The HUGS Program offered this new family the opportunity to meet other families with young children, a quality preschool experience in the form of a summer camp that helped prepare the four-year-old for kindergarten and speech therapy for the three-year-old.

- f. How did the services/activities received by the child/ family promote school readiness or the supporting conditions for school readiness? Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools' capacity to prepare children and families for school success; and strengthening program infrastructure, administration, and evaluation.**

The goal of the HUGS program is to provide children, prenatal to five years of age, with the foundation needed to enter school socially, emotionally, physically, and academically ready to learn. In this case, the three-year-old son was diagnosed with a speech problem and referred to a specialist, which will enhance his physical development. The summer preschool camp fulfilled the mother's desire for a preschool experience for her boys that added to their social and academic development. In addition, the PAT Program will be a continuing support for the parents until the three-year-old reaches school age.

- g. How representative of the experiences of other individual/families in your county is the vignette?**

The HUGS Program currently serves 28 families (with 36 children) in the Wagner-Holt and Creekside Elementary School attendance areas. The families are diverse and have different needs. The initial needs assessment done by the nurse allows for the proper referrals to be made. Some families utilize several of the opportunities afforded them through the program, while others desire only a few. Several families participate in the in-home PAT program combined with the parent education classes. Others have their children in Head Start or State Preschool and attend the parent education classes only. Others participated in only the preschool summer camp.

## County Commission Funding Priority Outcomes and Indicators

**Directions:** Please check all of the outcomes listed below that were local funding priorities in FY 2002-03. Also, please check the indicators on which core participant data were collected. Population-based indicators will be collected by the statewide evaluation team and do not need to be marked.

Funding Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are born healthy.	<ul style="list-style-type: none"> <li>• Infant survival rate</li> <li>• Number and percentage of births at low birth weight</li> <li>• Number and percentage of live births in which mothers received adequate prenatal care</li> </ul>	<input type="checkbox"/> Number and percentage of births at low birth weight <input type="checkbox"/> Number and percentage of live births in which mothers received adequate prenatal care	
<input checked="" type="checkbox"/> Children receive preventive and ongoing regular health care.	<ul style="list-style-type: none"> <li>• Number and percentage of children aged 19-35 months who receive the recommended vaccines</li> <li>• Number and percentage of children with a regular medical home</li> <li>• Number and percentage of children who have health insurance</li> </ul>	<input type="checkbox"/> Number and percentage of children who receive well-baby and child checkups by age 2 <input type="checkbox"/> Number and percentage of children with a regular medical home <input type="checkbox"/> Number and percentage of children who have health insurance <input type="checkbox"/> Number and percentage of children aged 19-35 months who receive the recommended vaccines	
<input checked="" type="checkbox"/> Children are in healthy and safe environments.	<ul style="list-style-type: none"> <li>• Number and rate of hospitalizations by children with nonfatal unintentional injuries</li> </ul>		
<input checked="" type="checkbox"/> Children are healthy and well nourished.	<ul style="list-style-type: none"> <li>• Number and percentage of women who are breastfeeding</li> <li>• Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age</li> </ul>	<input type="checkbox"/> Number and percentage of women who are breastfeeding	<input type="checkbox"/> Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age
<input checked="" type="checkbox"/> Children have good oral health.	<ul style="list-style-type: none"> <li>• Number and percentage of children who have dental insurance</li> </ul>	<input type="checkbox"/> Number and percentage of children ages 1 and older who receive annual dental exams	<input type="checkbox"/> Number and percentage of children who have dental insurance



Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are free of smoking-related illnesses.		<input type="checkbox"/> Number and percentage of children who live in households where no adults smoke <input type="checkbox"/> Number and percentage of women who did not smoke during pregnancy	
<input checked="" type="checkbox"/> Children have access to high-quality early care and education.	<ul style="list-style-type: none"> <li>• Number of licensed center child-care spaces per 100 children</li> <li>• Number of licensed family child-care slots per 100 children</li> <li>• Number of Head Start slots per 100 low-income children</li> <li>• Number and percentage of licensed center child-care spaces for children with disabilities and other special needs</li> </ul>		
<input checked="" type="checkbox"/> Children participate in early childhood education programs.		<input type="checkbox"/> Number and percentage of children who have ever attended a nursery school, prekindergarten, or Head Start program by the time of kindergarten entry	
<input checked="" type="checkbox"/> Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	<ul style="list-style-type: none"> <li>• Number and percentage of children identified as having disabilities and other special needs (including a developmental delay) by the time of kindergarten entry</li> </ul>	<input type="checkbox"/> Number and percentage of children identified as having disabilities and other special needs (including a developmental delay) by the time of kindergarten entry	<input type="checkbox"/> Number and percentage of primary care providers who use developmental screenings on all children under age 3
<input checked="" type="checkbox"/> Children enter kindergarten "ready for school".	<ul style="list-style-type: none"> <li>• Kindergarten student active attendance rates</li> <li>• Number and percentage of students retained a second year in kindergarten</li> <li>• State standardized test scores for reading in second grade</li> </ul>		<input type="checkbox"/> Number and percentage of children identified with disabilities who are referred to developmental services by kindergarten entry <input type="checkbox"/> Number and percentage of children who participate in school-linked transition/school readiness immersion programs

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children live in home environments supportive of optimal cognitive development.	<ul style="list-style-type: none"> <li>Number and percentage of families who report reading or telling stories regularly to their children 1 to 5 years of age</li> </ul>	<input type="checkbox"/> Number and percentage of families who report reading or telling stories regularly to their children 1 to 5 years of age	
<input checked="" type="checkbox"/> Children are safe from intentional injuries in their homes and communities.	<ul style="list-style-type: none"> <li>Number and percentage of children with substantiated or confirmed (open) cases of child abuse</li> <li>Number and percentage of child maltreatment in which there is a recurrence within a 6-month period</li> </ul>		
<input checked="" type="checkbox"/> Fewer teens have babies and more parenting teens delay subsequent pregnancies.	<ul style="list-style-type: none"> <li>Number and rate of births to young teenage mothers</li> </ul>		<input type="checkbox"/> Number and rate of births to young teenage mothers
<input checked="" type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> <li>Number and percentage of children living in poverty</li> <li>Number and percentage of kindergarten children participating in free/reduced-price breakfast and lunch programs</li> </ul>		<input type="checkbox"/> Number and percentage of children living in poverty <input type="checkbox"/> Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger) <input type="checkbox"/> Number and percentage of children who move more than once in a year <input type="checkbox"/> Number and percentage of mothers who completed high school or its equivalent
<input checked="" type="checkbox"/> Parents provide nurturing and positive emotional support to their children.			<input type="checkbox"/> Number and percentage of mothers screened for and referred for depression

<input type="checkbox"/> Children achieve permanency.	<ul style="list-style-type: none"> <li>• Number and percentage of children under age 5 who have lived in foster care within the past year</li> <li>• Number and percentage of children under age 5 in foster care who are placed in a permanent home</li> </ul>		
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